

(Rev. 4/97)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

05 - 471

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

MARK DAVID PAULSON

(Enter above the full name of the plaintiff in this action)

SCI, P.O. Box 500 GEORGETOWN DE. 19947

V.

OF. WILKIE PHILLIPS

WARDEN RICK KEARNEY - WARDEN SUSSEX CORRECTIONAL INST.

STANLEY TAYLOR - COMMISSIONER - DEPT. OF CORRECTIONS ECTERA...
(Enter above the full name of the defendant(s) in this action) AND ALL.



I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES [] NO [X]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket number _____

4. Name of judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed?
Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. A. Is there a prisoner grievance procedure in this institution? Yes [☒] No []

B. Did you present the facts relating to your complaint in the state prisoner
grievance procedure? Yes [☒] No []

C. If your answer is YES,

1. What steps did you take? GRIEVED NON SKIN STRIPS IN SHOWERS,
INJURIES / MEDICAL / DENTAL / ALL FEES / MAINTENANCE
2. What was the result? NON-STRIP STRIPS ORDERED - NOT INSTALLED
NO MAINTENANCE AS YET. NO REFUND OF FEES AS YET.

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to
prison authorities? Yes [] No []

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff MARK DAVID PAULSON 138962

Address SUSSEX CORRECTIONAL INSTITUTION P173

P.O. BOX 500 GEORGETOWN DE. 19947

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. * Defendant STANLEY TAYLOR is employed as COMMISSIONER

DEPT. OF CORRECTIONS at DEPT. OF CORRECTION STATE OF DELAWARE

C. * Additional Defendants RICK KEARNEY - WARDEN SUSSEX

CORRECTIONAL INSTITUTION.

WILLIE PHILLIPS - OFFICER ON SITE - SUSSEX

CORRECTIONAL INSTITUTION.

* SEE SEPARATE ADDRESS LIST ENCLOSED.

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

SHOWERS HAVE STAINLESSSTEEL WALLS AND FLOORS WITH NO
ANTI SKID SURFACES. THRU NEGLECT AND MISUSE BY INSTITUTION,
FLOOR SURFACE WAS DANGEROUSLY SLIPPERY.

1). OFFICER PHILLIPS WAS ON DUTY AND WITNESSED FALL
ON MAY 28TH 2005 APPROXIMATELY 1:00 PM.

SCI, P.O. BOX 500 GEORGETOWN DE. 19947 (CONT.)

IV. CONT.

- 2). WARDEN RICK KEARNEY IS IN CHARGE OF
P.O. BOX 500
SUSSEX CORRECTIONAL INSTITUTION, GEORGETOWN DE. 19947
- 3). STANLEY TAYLOR IS COMMISSIONER OF DEPT. OF
CORRECTIONS FOR THE STATE OF DELAWARE.
- 4). ECT. AND AHH COVERS ANY AND ALL OF
CENTRAL ADMINISTRATION BLDG.
THE DEPT. OF CORRECTIONS. 245 MCKEE ROAD, DOVER DE. 19904
- 5). MAY 28TH 2005 I SKIPPED AND INJURED MY BACK, SHOULDER,
NECK, BUTTOCKS FROM AN IMPACT SO HARD I BROKE TWO
BACK TEETH. ONE UPPER, ONE LOWER. DENTAL HAS RECORDS OF
INJURY TO MOUTH AS MEDICAL HAS BACK COMPLAINT AND RECORDS
OF COMPLAINTS. OTHERS HAVE FELL IN THE SAME SHOWERS.
I HAVE A CONSTANT RINGING IN MY EARS AND DOUBLE VISION
WHEN READING. I CANT LIFT, HAVE TROUBLE RISING FROM SITTING
OR LYING POSITION. MOTION OR RANGE OF IS LIMITED.
I HAVE A LIST OF EIGHT WITNESSES INCLUDING ANOTHER
INDIVIDUAL WHO HAS FALLEN. OFC. PHILLIPS ALSO WITNESSED
THE FALL. AT FIRST, BECAUSE I WAS EMBARRASSED AND NAKED,
I THOUGHT I WAS ALRIGHT. I AM IN FACT NOT. I WORRY
ABOUT HOW WELL, BECAUSE OF MY AGE (47), I WILL BE ABLE
TO PERFORM MY JOB UPON RELEASE TO PROVIDE FOR MY FAMILY.
THERE ARE MARKS ON SHOWER FLOORS WHERE NOW SKIN STRIPS
~~WERE~~ WERE PREVIOUSLY APPLIED AT ONE TIME PAST.
- 6). \$ 250,000 IS WHAT I FEEL WOULD MAKE
UP FOR NOT BEING AT 100% PHYSICAL FORM.
MAY HAVE RE-INJURED - 3-B- BACK DAMAGE FROM
AUTO ACCIDENT IN 1998

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

I SEEK ^{\$}250,000 IN DAMAGES FOR
PAIN/SUFFERING AND PUNITIVE DAMAGES.
ESTIMATED LOSSES BETWEEN NOW AND
RETIREMENT DUE TO PHYSICAL INJURIES
AND RESTRICTIONS.

Signed this 13TH day of JUNE 19 2005

Mark Paulson
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

06/13/2005 Mark Paulson
Date (Signature of Plaintiff)

I ALSO REQUEST COURT (LOCAL)
APPOINTED COUNSEL, THIS MAY CHANGE
RELIEF AMOUNT UNLESS OUT OF COURT
SETTLEMENT IS AGREED UPON.

ADDRESS LIST

OFC. WILLIE PHILLIPS
SUSSEX CORRECTIONAL INST.
P.O. BOX 500
GEORGETOWN DE. 19947

WARDEN RICK KEARNEY
SUSSEX CORRECTIONAL INST.
P.O. BOX 500
GEORGETOWN DE. 19947

STANLEY TAYLOR
COMMISSIONER OF DEPT. OF CORRECTIONS
Central Administration Bldg.
245 McKee Road
Arlene De. 19904

VS.

MARK PAULSON 138962
SUSSEX CORRECTIONAL INST.
P.O. BOX 500 KEY SOUTH
GEORGETOWN DE. 19947

IM: MARK PAULSON BLDG. KEY SOUTH
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500 138962
GEORGETOWN, DELAWARE 19947



U.S. DISTRICT COURT / CLERK
S. CALEB BOGGS FEDERAL BUILDING
LOCK BOX 18
844 N. KING ST.
WILM. DE. 19801